



## Employee Interest Worksite Wellness Program

1: Disagree Completely	2: Somewhat Disagree	3: No Opinion	4: Somewhat Agree	5: Agree Completely
------------------------------	----------------------------	------------------	-------------------------	---------------------------

### Nutrition

1. I would like to learn how to choose healthier food options.	1	2	3	4	5
2. I would like to have healthy snacks available at work.	1	2	3	4	5
3. I would like to learn about healthier food choices and portions to help manage my weight.	1	2	3	4	5
4. I would like ideas on how to incorporate more fruits and vegetables into my diet.	1	2	3	4	5
5. I would be interested in tasting different healthy foods.	1	2	3	4	5
6. I would be interested in growing fresh produce at work.	1	2	3	4	5

### Exercise/Fitness

7. I would like to increase my activity level.	1	2	3	4	5
8. I would like to join a company sports team.	1	2	3	4	5
9. I would like to join a walking/running group.	1	2	3	4	5
10. I would use the stairs at work if they were inviting and accessible.	1	2	3	4	5
11. I would like to have the option to hold a "walking meeting"	1	2	3	4	5
12. I would like information on alternative commuting options.	1	2	3	4	5
13. I would like to see more paths and walkways around the facility.	1	2	3	4	5

### Tobacco Use

14. I would like to work in a tobacco free environment.	1	2	3	4	5
15. I would like to get information about quitting tobacco use.	1	2	3	4	5
16. I would be interested in joining a group at work to quit tobacco use.	1	2	3	4	5

### Wellness Activities/Groups (Physical Activity or Healthy Eating Education)

17. I would like to participate in Wellness Activities before work.	1	2	3	4	5
18. I would like to participate in Wellness Activities during lunch break.	1	2	3	4	5
19. I would like to participate in Wellness Activities after work.	1	2	3	4	5
20. I would like information on activities I can do in 10-15 minutes to improve my health.	1	2	3	4	5
21. I would like information on activities I can do in 30-60 minutes to improve my health.	1	2	3	4	5
22. I would like to participate in a Worksite Wellness Committee. Please provide name and contact information if interested (optional)	1	2	3	4	5

Any other comments or suggestions regarding wellness:

Please return this survey to: \_\_\_\_\_ By this date: \_\_\_\_\_